CLAIM OFFICE ADDRESS 04-CV-11573-RWZ Document 32-3 DISABILITY PRODUCTS

Filed 08/19/2005 CHECK NUMBER

1 of 36 -Page CHECK DATE

25546713

01/21/00

BLOCK NUMBER

CHECK AMOUNT \$\*\*\*9130.20

000148

CLAIM NUMBER

DOVER, NH 03821 1-800-210-0268° EXT. 38535

P.O. BOX 1525

0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

LIBERT MUTUAL Liberty Life

Assurance Company of Boston POLICY NUMBER GF3-810-244052-01

CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0001112

PAYMENT DATE: 01/21/00

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PERIOD

THRU

PAYMENT PAYMENT GROSS ADJ. GROSS (FICA (F.I.T. (S.I.T. FROM THRU BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.) WITHHOLD.) 01/01/00 01/31/00 \$ 9,995.20 \$ 1,316.00 \$ 9,230.20 \$ .00 \$ 100.00 \$ .00

.00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,130.20

NET CHECK AMOUNT: \$ 9,130.20

EMPLOYEE STATE:

MA

OFFSET(S)-DETAIL

PERIOD FROM

THUOMA

DESCRIPTION

extensive activity

PERIOD PERIOD FROM

OTHER DEDUCTION(S)-DETAIL

AMOUNT

SS - DISABILITY 01/01/00 01/31/00 \$ 1,316.00

TOTAL OFFSET(S)

DESCRIPTION

STATE OF STANDER A

\$ 1,316.00

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

ADJUSTED GROSS BENEFIT: \$ 9,230.20 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$
STATE TAXABLE WAGES: \$

THIS PAYMENT

DENTE T

THIS PAYMENT

.00

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ 100.00

.00 OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,130.20

Case 1:04-cv-11573-RWZ Document 32-3

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821 -1-800-210-0268 EXT. 38535

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555



Liberty Life Assurance Company of Boston

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

Filed 08/19/2005 2 of 36 Page CHECK NUMBER CHECK DATE 25563392 02/21/00 CHECK AMOUNT BLOCK NUMBER \$\*\*\*9130.20 000169

> ANALYST ID N0001112

PAYMENT DATE: 02/21/00

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

330 115

PAYMENT PAYMENT GROSS ADJ. GROSS (FICA (F.I.T. FROM THRU BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.) W 02/01/00 02/29/00 \$ 9,995.20 \$ 1,316.00 \$ 9,230.20 \$ .00 \$ 100.00 \$

(S.I.T. WITHHOLD.) (OTHER

NET CHECK AMOUNT: \$ 9,130.20

EMPLOYEE STATE:

MA

PAYMENT

.00

DEDUCTIONS)

.00 \$ 9,130.20

OFFSET(S)-DETAIL PERIOD

FROM

PERIOD THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL
PERIOD PERIOD
PTION FROM THRU

AMOUNT

SS - DISABILITY 02/01/00 02/29/00 \$ 1,316.00

TOTAL OFFSET(S)

DESCRIPTION

\$ 1,316.00

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,230.20 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$
STATE TAXABLE WAGES: \$

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ .00 100.00 .00

> OTHER DEDUCTIONS: \$ .00

> > NET PAID: \$ 9,130.20

Case:3:04-cv-11573-RWZ Document 32-3 DISABILITY PRODUCTS P.O. BOX 1525

Filed 08/19/2005

Page 3 of 36

25582049 CHECK AMOUNT

03/21/00 BLOCK NUMBER

\$\*\*\*9130.20 000145

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN

LIBERTY MUTUAI Liberty Life

Assurance Company of Boston

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0001112

PAYMENT DATE:

DOVER, NH 03821 1-800-210-0268 EXT. 38535

03/21/00

EXPLANATION OF BENEFIT (EOB) STATEMENT

PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM THRII 03/01/00 03/31/00

024-28-8555

GROSS
BENEFIT (OFFSETS)
\$ 9,995.20 \$ 1,316.00 \$ 9,230.20 \$

(FICA (FICA (F.I.T. WITHHOLD.) WITHHOLD.) WITHHOLD.) \$ .00 \$ 100.00 \$

(S.I.T. WITHHOLD.)

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,130.20

NET CHECK AMOUNT: \$ 9,130.20

EMPLOYEE STATE:

MA

OFFSET(S)-DETAIL

DESCRIPTION

PERIOD FROM

PERIOD THRU AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM THRU

AMOUNT

SS - DISABILITY 03/01/00 03/31/00 \$ 1,316.00

TOTAL OFFSET(S)

1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,230.20 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$
STATE TAXABLE WAGES: \$

FOR THIS PAYMENT ONLY

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$

.00 100.00

THIS PAYMENT

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,130.20

DISABILITY PRODUCTS Document 32-3 P.O. BOX 1525

DOVER, NH 03821 1-800-210-0268 EXT. 38535

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

PAYMENT PAYMENT

04/01/00 04/30/00

THRU



Liberty Life Assurance Company of Boston

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

Filed 08/19/2005 Page 4 of 36 25601285 04/20/00 CHECK AMOUNT BLOCK NUMBER \$\*\*\*9130.20 000123

> ANALYST ID N0001112

PAYMENT DATE: 04/20/00

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

ADJ. GROSS BENEFIT (OFFSETS) BENEFIT W \$ 9,995.20 \$ 1,316.00 \$ 9,230.20 \$

(FICA (F.I.T. WITHHOLD.) WITHHOLD.) \$ .00 \$ 100.00

(S.I.T. WITHHOLD.) 100.00 \$ .00

PAYEE: EMPLOYEE (OTHER DEDUCTIONS)

NET CHECK AMOUNT: \$ 9,130.20

EMPLOYEE STATE:

NET PAYMENT .00 \$ 9,130.20

OFFSET(S)-DETAIL

GROSS

PERIOD DESCRIPTION FROM

PERIOD THRU

AMOUNT SS - DISABILITY 04/01/00 04/30/00 \$ 1,316.00 DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD

AMOUNT

MA

TOTAL OFFSET(S)

\$ 1,316.00

54690

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,230.20 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,236.85
FEDERAL (EXCLUDABLE) WAGES: \$ 7,993.35
STATE TAXABLE WAGES: \$ 1,236.85

THIS PAYMENT

War City Seve OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ .00 100.00

.00 OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,130.20

DISABILITY PRODUCTS OF THE DOCUMENT 32-3 Filed 08/19/2005 P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

Page 5 of 36

25620446 CHECK AMOUNT

05/22/00 BLOCK NUMBER

\$\*\*\*9130.20

000188

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

LIBERTY MUTUAL Liberty Life

Assurance Company of Boston POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME

MOUNT AUBURN HOSPITAL

ANALYST ID N0001112

PAYMENT DATE: 05/22/00

EXPLANATION OF BENEFIT (EOB) STATEMENT

PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

NET CHECK AMOUNT: \$ 9,130.20

EMPLOYEE STATE:

MA

PAYMENT PAYMENT FROM 05/01/00 05/31/00

GROSS BENEFIT BENEFIT (OFFSETS) BENEFIT W \$ 9,995.20 \$ 1,316.00 \$ 9,230.20 \$ (OFFSETS)

ADJ. GROSS

(FICA (F.I.T. WITHHOLD.) WITHHOLD.) WITHHOLD.) \$ .00 \$ 100.00 \$

(S.I.T. WITHHOLD.) .00

(OTHER NET DEDUCTIONS)

PAYMENT .00 \$ 9,130.20

OFFSET(S)-DETAIL

PERIOD DESCRIPTION FROM

PERIOD THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM

AMOUNT

SS - DISABILITY 05/01/00 05/31/00 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,230.20 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$
STATE TAXABLE WAGES: \$

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ .00 100.00 .00

> OTHER DEDUCTIONS: \$ .00

> > NET PAID: \$ 9,130.20

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.

IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

CAREFULLY DETACH CHECK REFORE REPORTING - DETAIN STATEME

CLAIM OFF COARDON 15:04-CV-11573-RWZ Document 32-3 Filed 08/19/2005 Page 6 of 36 - DISABILITY PRODUCTS P.O. BOX 1525

CHECK NUMBER 25639860

CHECK DATE

CHECK AMOUNT \$\*\*\*9130.20

06/20/00 BLOCK NUMBER 000128

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN

LIBERTY **MUTUAI** Liberty Life

Assurance Company of Boston

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0001112

\$

PAYMENT DATE: 06/20/00

DOVER, NH 03821 1-800-210-0268 EXT. 38535

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM 06/01/00 06/30/00

DESCRIPTION

024-28-8555

GROSS

ADJ. GROSS (FICA BENEFIT (OFFSETS) BENEFIT W. 9,995.20 \$ 1,316.00 \$ 9,230.20 \$

(FICA (F.I.T. WITHHOLD.) WITHHOLD.) WITHHOLD.) S 100.00 S (S.I.T. WITHHOLD.) .00

(OTHER DEDUCTIONS)

NET CHECK AMOUNT: \$ 9,130.20

EMPLOYEE STATE:

NFT **PAYMENT** .00 \$ 9,130.20

OFFSET(S)-DETAIL

PERIOD PERIOD FROM

THRU

**AMOUNT** 

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM

THRU AMOUNT

SS - DISABILITY 06/01/00 06/30/00 \$ 1,316.00

TOTAL OFFSET(S)

\$ 1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION

THIS PAYMENT

FOR THIS PAYMENT ONLY

ADJUSTED GROSS BENEFIT: \$ 9,230.20 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,236.85
FEDERAL (EXCLUDABLE) WAGES: \$ 7,993.35
STATE TAXABLE WAGES: \$ 1,236.85

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$ .00 100.00 STATE WITHHOLDING: \$ .00

> OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,130.20

CLAIM OFFICE AUDRESS 04-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 7 of 36 -DISABILITY PRODUCTS

LIBERTY

CHECK NUMBER CHECK DATE 25660211 CHECK AMOUNT

\$\*\*\*9407.11

07/21/00 BLOCK NUMBER 000136

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN

P.O. BOX 1525

DOVER, NH 03821 1-800-210-0268 EXT. 38535

MUTUAI Liberty Life Assurance Company of Boston

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0001112

PAYMENT DATE: 07/21/00

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT

024-28-8555

GROSS

**不**多点 形器 联络管理并引起的特别的 Att

ADJ. GROSS (FICA

FROM THRU BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD (S.I.T. WITHHOLD.)

(OTHER DEDUCTIONS)

NET NS) PAYMENT .00 \$ 9,407.11

OFFSET(S)-DETAIL

NET CHECK AMOUNT: \$ 9,407.11

DESCRIPTION

PERIOD FROM

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD FROM

AMOUNT

EMPLOYEE STATE:

MA

SS - DISABILITY 07/01/00 07/31/00 \$ 1,316.00

PERIOD

THRU

TOTAL OFFSET(S)

1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

THIS PAYMENT

.00

100.00

ADJUSTED GROSS BENEFIT: \$ 9,507.11 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,273.95
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16
STATE TAXABLE WAGES: \$ 1,273.95

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$ STATE WITHHOLDING: \$

.00 OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

CLAIM OFFICE ADDRESS 04-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 8 of 36 DISABILITY PRODUCTS

CHECK AMOUNT

CHECK NUMBER 25680164

\$\*\*\*9407.11

08/21/00 BLOCK NUMBER 000193

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN

P.O. BOX 1525

LIBERTY MUTUAL Liberty Life

Assurance Company of Boston

POLICY NUMBER GF3-810-244052-01

CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0001112

PAYMENT DATE: 08/21/00

DOVER, NH 03821 1-800-210-0268 EXT. 38535

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYMENT PAYMENT FROM THRU 08/01/00 08/31/00

024-28-8555

GROSS

ADJ. GROSS (FICA BENEFIT (OFFSETS) BENEFIT W: \$ 9,995.20 \$ 1,316.00 \$ 9,507.11 \$

(F.I.T. WITHHOLD.) WITHHOLD.) W \$ .00 \$ 100.00 \$

(S.I.T. WITHHOLD.) .00

(OTHER DEDUCTIONS)

PAYEE: EMPLOYEE

PAYMENT .00 \$ 9,407.11

THIS PAYMENT

NET CHECK AMOUNT: \$ 9,407.11

EMPLOYEE STATE:

OFFSET(S)-DETAIL

DESCRIPTION

**PERIOD** PERIOD THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD FROM THRU

AMOUNT

MA

SS - DISABILITY 08/01/00 08/31/00 \$ 1,316.00

TOTAL OFFSET(S)

1,316,00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$
STATE TAXABLE WAGES: \$

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$

100.00 STATE WITHHOLDING: \$ .00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

CLAIM OFFICE ADDRESS 04-CV-11573-RWZ Document 32-3 Filed 08/19/2005 Page 9 of 36 DISABILITY PRODUCTS P.O. BOX 1525

DOVER, NH 03821 1-800-210-0268 EXT. 38535

LIBERTY MUTUAI

Liberty Life

Assurance Company of Boston

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

CHECK NUMBER CHECK DATE 25701786 09/20/00 CHECK AMOUNT BLOCK NUMBER \$\*\*\*9407.11 000132

ANALYST ID N0054334

PAYMENT DATE: 09/20/00

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM THRU

CLAIM NUMBER

EMPLOYEE NAME

EMPLOYEE SSN

0000114766

024-28-8555

SCAPICCHIO, ANTHONY

GROSS

ADJ. GROSS (FICA

(S.I.T.

(OTHER

NET PAYMENT

09/01/00 09/30/00

BENEFIT (OFFSETS) BENEFIT W. 9,995.20 \$ 1,316.00 \$ 9,507.11 \$

WITHHOLD.) WITHHOLD.)
\$ .00 \$ 100.00 100.00 \$

WITHHOLD.) .00

DEDUCTIONS) \$ .00 \$ 9,407,11

NET CHECK AMOUNT: \$ 9,407.11

EMPLOYEE STATE:

OFFSET(S)-DETAIL

PERIOD DESCRIPTION

PERIOD THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD THRU

AMOUNT

SS - DISABILITY 09/01/00 09/30/00 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316.00

MEMO:

M. Call

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11
BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,273.95
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16
STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$ .00 100.00

STATE WITHHOLDING: \$ .00 OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

CLAIM OFF TOP ADDRESS 04-CV-11573-RWZ Document 32-3 Filed 08/19/2005 Page 10 of 36 DISABILITY PRODUCTS P.O. BOX 1525

CHECK NUMBER 25723383 CHECK AMOUNT

CHECK DATE 10/23/00

\$\*\*\*9407.11

BLOCK NUMBER 000171

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

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FROM

PAYMENT PAYMENT

10/01/00 10/31/00

was Editoria

~\$6-928F

LIBERTY **MUTUAI** Liberty Life Assurance Company of Boston

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0054334

(S.I.T.

.00

PAYMENT DATE: 10/23/00

DOVER, NH 03821 1-800-210-0268 EXT. 38535

GROSS

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

ADJ. GROSS (FICA BENEFIT (OFFSETS) BENEFIT W. 9,995.20 \$ 1,316.00 \$ 9,507.11 \$

.00 \$

(FICA (F.I.T. WITHHOLD.) WITHHOLD.)

100.00 \$

PAYEE: EMPLOYEE

(OTHER DEDUCTIONS) \$

NET PAYMENT .00 \$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL

DESCRIPTION

PERIOD FROM

PERIOD THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL
PERIOD PERIOD
THRU

**AMOUNT** 

EMPLOYEE STATE:

SS - DISABILITY 10/01/00 10/31/00 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

VET BARRE

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

SPECERITE STREET, N. 90. STRIKER

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,273.95
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16
STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$ .00 100.00 STATE WITHHOLDING: \$ .00

> OTHER DEDUCTIONS: \$ .00

> > NET PAID: \$ 9,407.11

DISABILITY PRODUCTS

Description: Case 1:04-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 11 of 36 P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

Liberty Mutuál.

•	1012000 1 ago 11 01 00		
	CHECK NUMBER	CHECK DATE	
	25743017	11/20/00	
	CHECK AMOUNT	BLOCK NUMBER	
	\$***9407.11	000163	

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID

PAYMENT DATE: 11/20/00 EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYMENT PAYMENT GROSS ADJ. GROSS (FICA (F.I.T. (S.I.T. FROM THRU BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) S 9,995.20 \$ 1,316.00 \$ 9,507.11 \$ .00 \$ 100.00 \$ .00

THE WAY LINE

(OTHER DEDUCTIONS)

PAYEE: EMPLOYEE

NET CHECK AMOUNT: \$ 9,407.11

EMPLOYEE STATE:

NET PAYMENT .00 \$ 9,407.11

OFFSET(S)-DETAIL

PERIOD DESCRIPTION FROM

PERIOD THRU

AMOUNT SS - DISABILITY 11/01/00 11/30/00 \$ 1,316.00

OTHER DEDUCTION(S)-DETAIL DESCRIPTION

PERIOD PERIOD THRU

**AMOUNT** 

TOTAL OFFSET(S)

\$ 1,316.00

MEHO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

CALLET MANY NAME

ANGENERAL TERROR COM

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11
BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,273.95
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16
STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$ .00 100.00 STATE WITHHOLDING: \$ .00

> OTHER DEDUCTIONS: \$ .00

> > NET PAID: \$ 9,407.11

- LALIA UT VC@ SOURLES 4-CV-11573-RWZ Document 32-3 Filed 08/19/2005 Page 12 of 36 DISABILITY PRODUCTS P.O. BOX 1525

DOVER, NH 03821 1-300-210-0268 EXT. 38535

CHECK NUMBER CHECK DATE 25764664 12/21/00 CHECK AMOUNT BLOCK NUMBER \$\*\*\*9407.11 000145

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID

PAYMENT DATE: 12/21/00

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM THRU 12/01/00 12/31/00

GROSS

GROSS
BENEFIT (OFFSETS)
S 9,995.20 \$ 1,316.00 \$ 9,507.11 \$

(F.I.T. (S.I.T. WITHHOLD.) WITHHOLD.)
\$ .00 \$ 100.00 WITHHOLD.) 100.00 \$ .00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

DESCRIPTION

OFFSET(S)-DETAIL PERIOD FROM

PERIOD

DESCRIPTION

CHARLS BANCORE

OTHER DEDUCTION(S)-DETAIL PERIOD P

PERIOD THRU AMOUNT

EMPLOYEE STATE:

MA

SS - DISABILITY 12/01/00 12/31/00 \$ 1,316.00 TOTAL OFFSET(S)

1,316,00

AMOUNT

51-5 1161 i

SECTION SHIPMENT -

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$
STATE TAXABLE WAGES: \$

THIS PAYMENT

945/2014/2014

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$ .00 100.00 STATE WITHHOLDING: \$

> OTHER DEDUCTIONS: \$ .00

> > NET PAID: \$ 9,407.11

Case 1:04-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 13 of 36 DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

CHECK NUMBER CHECK DATE 25784791 01/22/01 CHECK AMOUNT BLOCK NUMBER

\$\*\*\*9407.11

000167

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0054334

PAYMENT DATE: 01/22/01

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT

DESCRIPTION

GROSS FROM THRU 01/01/01 01/31/01 \$ 9,995.20 \$ 1,316.00 \$ 9,507.11 \$

ADJ. GROSS (FICA (F.I.T. (S.I.T. (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) 1.316.00 \$ 9,507.11 \$ .00 \$ 100.00 \$ .00

.00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL

PERIOD FROM

PERIOD THRU

AMOUNT

OTHER DEDUCTION(S)-DETAIL DESCRIPTION

PERIOD PERIOD THRU

EMPLOYEE STATE:

AMOUNT

MA

SS - DISABILITY 01/01/01 01/31/01 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316,00

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION

CASTINASET STRUCK

THIS PAYMENT

FOR THIS PAYMENT ONLY

ADJUSTED GROSS BENEFIT: \$ 9,507.11 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,273.95
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16
STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ .00 .00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

скази от Cascorts 04-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 14 of 36 DISABILITY PRODUCTS

CHECK NUMBER 25803754 CHECK AMOUNT

02/19/01

CHECK DATE

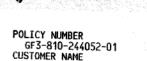
\$\*\*\*9407.11

BLOCK NUMBER 000127

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN

024-28-8555

P.O. BOX 1525 DOVER, NH 03821



ANALYST ID N0054334

PAYMENT DATE: 02/19/01

1-800-210-0268 EXT. 38535

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

MOUNT AUBURN HOSPITAL

PAYEE: EMPLOYEE

PAYMENT PAYMENT PAYMENT PAYMENT GROSS ADJ. GROSS (FICA FROM THRU BENEFIT (OFFSETS) BENEFIT WITHHOL 9,995.20 \$ 1,316.00 \$ 9,507.11 \$

GROSS

(F.I.T. WITHHOLD.) WITHHOLD.)
5 .00 \$ 100.00

(S.I.T. WITHHOLD.) 100.00 s .00

(OTHER DEDUCTIONS)

NET NS) PAYMENT .00 \$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL

DESCRIPTION

PERIOD PERIOD FROM

THRU AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL

PERIOD PERIOD FROM THRU

EMPLOYEE STATE:

AMOUNT

MA

SS - DISABILITY 02/01/01 02/28/01 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316.00

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,273.95
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16
STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$ .00 .00 100.00 STATE WITHHOLDING: \$

> OTHER DEDUCTIONS: \$ .00

> > NET PAID: \$ 9,407.11

с<u>ыхим он Gason Res</u>94-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 15 of 36-DISABILITY PRODUCTS P.O. BOX 1525

25825371 CHECK AMOUNT

03/21/01 BLOCK NUMBER

CHECK DATE

\$\*\*\*9407.11

000124

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0054334

PAYMENT DATE: 03/21/01

DOVER, NH 03821 1-800-210-0268 EXT. 38535

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYMENT PAYMENT FROM THRU 03/01/01 03/31/01 GROSS

GROSS
BENEFIT (OFFSETS)
\$ 9,995.20 \$ 1,316.00 \$ 9,507.11 \$

(FICA (F.I.T. WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.

(S.I.T. WITHHOLD.) .00 PAYEE: EMPLOYEE (OTHER DEDUCTIONS)

NET CHECK AMOUNT: \$ 9,407.11

EMPLOYEE STATE:

MA

NET NS) PAYMENT .00 \$ 9,407.11

OFFSET(S)-DETAIL

PERIOD PERIOD FROM THRU

AMOUNT

OTHER DEDUCTION(S)-DETAIL DESCRIPTION

PERIOD PERIOD FROM THRU

AMOUNT

SS - DISABILITY 03/01/01 03/31/01 \$ 1,316.00

TOTAL OFFSET(S)

DESCRIPTION

\$ 1,316,00

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

357-10-5192 71515 1661

TAX REPORTING INFORMATION

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$
STATE TAXABLE WAGES: \$

FOR THIS PAYMENT ONLY

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$

.00 100.00

THIS PAYMENT

OTHER DEDUCTIONS: \$ .00 NET PAID: \$ 9,407.11

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

Document 32-3 Filed 08/19/2005

Page 16 of 36 CHECK NUMBER 25846232 04/20/01 CHECK AMOUNT BLOCK NUMBER 000114

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY Myse engill a la los da EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0054334

04/20/01 EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD PAYMENT DATE:

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM THRU 04/01/01 04/30/01

GROSS ADJ. GROSS (FICA (F.I.T. BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.) \$ 9,995.20 \$ 1,316.00 \$ 9,507.11 \$ .00 \$ 100.00 \$ 100.00 \$

(S.I.T. (OTHER WITHHOLD.) DEDUCTIONS) .00

NET **PAYMENT** .00 \$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

.00

OFFSET(S)-DETAIL

DESCRIPTION

PERIOD PERIOD FROM THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM THRU

BWASE & BERNOASE

EMPLOYEE STATE:

MA

AMOUNT

SE - DISABILITY 04/01/01 04/30/01 \$ 1,316.00

TOTAL OFFSET(S)

\$ 1,316.00

Mineral Cally alliable ( MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

REMERIT (OFFSETS) BESCENI

TAX REPORTING INFORMATION

THIS PAYMENT

FOR THIS PAYMENT ONLY

ADJUSTED GROSS BENEFIT: \$ 9,507.11 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,273.95
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16
STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ TOPLEMENT MYSE

100.00 .00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY. IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

CAREELII IV DETACH CHECK BEECOE DEDOCITING

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

Document 32-3

Filed 08/19/2005 Page 17 of 36 CHECK 25866341 05/21/01 CHECK AMOUNT BLOCK NUMBER \$\*\*\*9407.11 000182

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0054334

PAYMENT DATE: 05/21/01

EXPLANATION OF BENEFIT (EOB) STATEMENT

PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM 05/01/01 05/31/01

DESCRIPTION

GROSS BENEFIT (OFFSETS) BENEFIT W \$ 9,995.20 \$ 1,316.00 \$ 9,507.11 \$

(FICA (F.I.T. WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.)

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,407.11

.00

(S.I.T.

WITHHOLD.)

NET CHECK AMOUNT: \$ 9,407.11

EMPLOYEE STATE:

OFFSET(S)-DETAIL

PERIOD FROM

PERIOD THRU

AMOUNT

ADJ. GROSS

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM

AMOUNT

MA

SS - DISABILITY 05/01/01 05/31/01 \$ 1,316.00 TOTAL OFFSET(S)

BEARSED WALET 02.5250

1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$

STATE TAXABLE WAGES: \$

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ 100.00 .00

> OTHER DEDUCTIONS: \$ .00

> > NET PAID: \$ 9,407.11

DISABILITY PRODUCTS CV-11573-RWZ P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

Document 32-3

Filed 08/19/2005 Page 18 of 36 CHECK NUMBER 25887398 06/20/01 CHECK AMOUNT BLOCK NUMBER \$\*\*\*9407.11 000133

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0046859

PAYMENT DATE: 06/20/01

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT GROSS ADJ. GROSS (FICA BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WI 06/01/01 06/30/01 \$ 9,995.20 \$ 1,316.00 \$ 9,507.11 \$ .00 \$

DESCRIPTION

(F.I.T. WITHHOLD.) WITHHOLD.) 100.00 \$

(S.I.T. WITHHOLD.) .00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

EMPLOYEE STATE:

MA

OFFSET(S)-DETAIL

PERIOD FROM

PERIOD THRU SS - DISABILITY 06/01/01 06/30/01 \$ 1,316.00

AMOUNT DESCRIPTION

OTHER DEDUCTION(S)-DETAIL
PERIOD PE

**AMOUNT** 

TOTAL OFFSET(S)

\$ 1,316,00

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,273.95
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16
STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

.00

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ 100.00

> OTHER DEDUCTIONS: \$ .00

> > NET PAID: \$ 9,407.1

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.
IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR BE

DISABILITY PRODUCTS Page 19 of 36

P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

CLAIM NUMBER 0000114766 EMPLOYEE NAME PLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555



PAYMENT REF 45117645

DEPOSIT DATI 07/28/01

BANK ROUTING # 011900445

BLOCK NUMBER 000158

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0046859

EOB DATE: 07/23/01

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

NET DEPOSIT: \$ 9,692.32

THRU

DESCRIPTION

PAYMENT PAYMENT GROSS ADJ. GROSS (FICA (F.I.T. BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.) 9,995.20 \$ 1,316.00 \$ 9,792.32 \$ .00 \$ 100.00 (S.I.T. WITHHOLD.) 100.00 \$

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,692.32

OFFSET(S)-DETAIL

PERIOD PERIOD FROM THRU

AMOUNT DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD

AMOUNT

SS - DISABILITY 07/01/01 07/31/01 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316.00

OF HIR ST. DATE OF LIA ACCUSANCE

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

THE MOSE WHILE

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$

STATE WITHHOLDING: \$

EMPLOYEE STATE:

MA

ADJUSTED GROSS BENEFIT: \$ 9,792.32
BENEFIT TAX %: 13.40 OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,312.17
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15
STATE TAXABLE WAGES: \$ 1,312.17

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

THIS PAYMENT

.00

100.00

.00

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.

IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

DISABILITY PRODUCTS Page 20 of 36 P.O. BOX 1525

DOVER, NH 03821 1-800-210-0268 EXT. 38535

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN DESCRIPTION OF STATE OF

024-28-8555



PAYMENT REF 45121690

DEPOSIT DAT 08/26/01

BANK ROUTING # 011900445

BLOCK NUMBER 000129

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0046859

EOB DATE: 08/21/01

EXPLANATION OF BENEFIT (EOB) STATEMENT

PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

NET DEPOSIT: \$ 9,692.32

EMPLOYEE STATE:

PAYMENT PAYMENT FROM THRU 08/01/01 08/31/01

DESCRIPTION

GROSS

(OFFSETS) ADJ. GROSS

(FICA BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.)
\$ 9,995.20 \$ 1,316.00 \$ 9,792.32 \$ .00 \$ 100.00 (F.I.T. 100.00 s

(S.I.T. WITHHOLD.) .00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,692.32

OFFSET(S)-DETAIL

PERIOD FROM

PERIOD THRU

AMOUNT DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD P PERIOD FROM

AMOUNT

MA

SS - DISABILITY 08/01/01 08/31/01 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316,00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

100.00

.00

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ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,312.17
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15
STATE TAXABLE WAGES: \$ 1,312.17

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ Torrier designer OTHER DEDUCTIONS: \$

.00 NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.

IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

DISABILITY PRODUCTS

DISABILITY PRODUCTS

DISABILITY PRODUCTS

P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

Liberty Mutuál.

PAYMENT REF 45125574

BANK ROUTING #

011900445

DEPOSIT DAT 09/25/01

POLICY NUMBER

BLOCK NUMBER 000120

EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

0000114766

CLAIM NUMBER

GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0046859

EOB DATE: 09/20/01

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM 09/01/01 09/30/01

GROSS ADJ. GROSS (FICA (F.I.T. BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.)

(S.I.T. WITHHOLD.)

(OTHER DEDUCTIONS)

NET DEPOSIT: \$ 9,692.32

EMPLOYEE STATE:

PAYMENT .00 \$ 9,692.32

OFFSET(S)-DETAIL

PERIOD PERIOD FROM

THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM THRU

**AMOUNT** 

MA

SS - DISABILITY 09/01/01 09/30/01 \$ 1,316.00

the arriver

TOTAL OFFSET(S)

DESCRIPTION

\$ 1,316.00

MEMO:

anagem quais trua LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY CORNOLARY PARK

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,312.17
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15
STATE TAXABLE WAGES: \$ 1,312.17

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ .00 .00 100.00 .00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.
IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B

Case-1:04-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 22 of 36 DISABILITY PRODUCTS

024-28-8555

Liberty

PAYMENT REF 45129720

DEPOSIT DATE 10/27/01

BANK ROUTING # 011900445

BLOCK NUMBER 000173

POLICY NUMBER GF3-810-244052-01

CUSTOMER NAME MOUNT AUBURN HOSPITAL ANALYST ID N0000733

EOB DATE: 10/22/01

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

P.O. BOX 1525

SCAPICCHIO, ANTHONY

DESCRIPTION

CLAIM NUMBER 0000114766 EMPLOYEE NAME

EMPLOYEE SSN

DOVER, NH 03821 1-800-210-0268 EXT. 38535

PAYMENT PAYMENT GROSS ADJ. GROSS (FICA (F.I.T. (S.I.T. FROM THRU BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.) WITHHOLD.) 9,995.20 \$ 1,316.00 \$ 9,792.32 \$ .00 \$ 100.00 \$ .00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,692.32

NET DEPOSIT: \$ 9,692.32

EMPLOYEE STATE:

MA

OFFSET(S)-DETAIL

PERIOD FROM

PERIOD THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD THRU

AMOUNT

SS - DISABILITY 10/01/01 10/31/01 \$ 1,316.00

TOTAL OFFSET(S)

\$ 1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,312.17
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15
STATE TAXABLE WAGES: \$ 1,312.17

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ .00 100.00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.
IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

DISABICAS A 1:04-CV-11573-RWZ P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

Document 32-3 Filed 08/19/2005 Page 23 of 36 Liberty

PAYMENT REF 45134020

DEPOSIT DATE 11/25/01

BANK ROUTING # 011900445

**BLOCK NUMBER** 000126

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN

POLICY NUMBER GF3-810-244052-01 USTOMER NAME
MOUNT AUBURN HOSPITAL CUSTOMER NAME

ANALYST ID N0000733

EOB DATE: 11/20/01

EXPLANATION OF BENEFIT (EOB) STATEMENT

PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT THRU 11/01/01 11/30/01

DESCRIPTION

GROSS GROSS ADJ. GROSS (
BENEFIT (OFFSETS) BENEFIT WI
\$ 9,995.20 \$ 1,316.00 \$ 9,792.32 \$

(FICA

(S.I.T. WITHHOLD.) WITHHOLD.) \$ .00 \$ 100.00 WITHHOLD.) 100.00 \$ .00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,692.32

AMOUNT

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

PERIOD FROM

PERIOD THRU

AMOUNT DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD

FROM THRU

SS - DISABILITY 11/01/01 11/30/01 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

EMPLOYEE STATE:

MA

ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40 OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$
STATE TAXABLE WAGES: \$

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ .00 100.00 .00 OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY. IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

DISABILITY PRODUCTS Page 24 of 36 P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

Liberty

PAYMENT REF 45138740

DEPOSIT DAT 12/26/01

BANK ROUTING # 011900445

BLOCK NUMBER 000134

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0000733

EOB DATE: 12/21/01

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

NET DEPOSIT: \$ 9,692.32

PAYMENT PAYMENT FROM THRU 12/01/01 12/31/01

DESCRIPTION

HALLSHA MARKET

AM DOMEST STREET

GROSS ADJ. GROSS (FICA (F.I.T. BENEFIT WITHHOLD.) WITHHOLD.)

(S.I.T. WITHHOLD.) .00

(OTHER DEDUCTIONS)

NET **PAYMENT** .00 \$ 9,692.32

OFFSET(S)-DETAIL

PERIOD PERIOD FROM THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD THRU

AMOUNT

SS - DISABILITY 12/01/01 12/31/01 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,312.17
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15
STATE TAXABLE WAGES: \$ 1,312.17

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$

.00 100.00 .00

.00

THIS PAYMENT

EMPLOYEE STATE:

MA

OTHER DEDUCTIONS: \$

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY. IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

CLAIM OFFICE PAPORES SO 4-CV-11573-RWZ DISABILITY PRODUCTS

Document 32-3 Filed 08/19/2005 Page 25 of 36

PAYMENT REF 45142885

DEPOSIT DATE 01/26/02

BANK ROUTING # 011900445

BLOCK NUMBER 000178

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

DOVER, NH 03821 1-800-210-0268 EXT. 38535

P.O. BOX 1525



POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0000733

EOB DATE: 01/21/02 EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM THRU 01/01/02 01/31/02

DESCRIPTION

GROSS BENEFIT

ADJ. GROSS BENEFIT (OFFSETS) \$ 9,995.20 \$ 1,316.00 \$ 9,792.32 \$

WITHHOLD.) WITHHOLD.)
\$ .00 \$ 100 00 100.00 \$

(S.I.T. WITHHOLD.)

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,692.32

NET DEPOSIT: \$ 9,692.32

EMPLOYEE STATE:

MA

OFFSET(S)-DETAIL

PERIOD FROM

PERIOD THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM THRU

AMOUNT

SS - DISABILITY 01/01/02 01/31/02 \$ 1,316.00

TOTAL OFFSET(S)

1,316.00

MEMO:

SEE SEE SEE SEE

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,312.17
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15
STATE TAXABLE WAGES: \$ 1,312.17

THIS PAYMENT

OASDI WITHHOLDING: \$ .00 MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ 100.00 .00

> OTHER DEDUCTIONS: \$ .00

> > NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY. IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

Case 1:04-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 26 of 36 CLAIM OFFICE ADDRESS

PAYMENT REF 45147088

DEPOSIT DATE 02/23/02

BANK ROUTING # 011900445

BLOCK NUMBER 000134

CLAIM NUMBER 0000114766 EMPLOYEE NAME

DISABILITY PRODUCTS

DOVER, NH 03821 1-800-210-0268 EXT. 38535

P.O. BOX 1525

SCAFICCHIO, ANTHONY
PLOYEE SSN
024-28-8555 SCAPICCHIO, ANTHONY EMPLOYEE SSN

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

Liberty

ANALYST ID N0000733

EOB DATE: 02/18/02

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT GROSS ADJ. GROSS (FICA (F.I.T. BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.) 02/01/02 02/28/02 \$ 9,995.20 \$ 1,316.00 \$ 9,792.32 \$ .00 \$ 100.00 100.00 \$

(S.I.T. WITHHOLD.) .00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,692.32

NET DEPOSIT: \$ 9,692.32

EMPLOYEE STATE:

MA

OFFSET(S)-DETAIL

PERIOD PERIOD FROM THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM THRU

AMOUNT

SS - DISABILITY 02/01/02 02/28/02 \$ 1,316.00

TOTAL OFFSET(S)

DESCRIPTION

\$ 1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

THIS PAYMENT

.00

.00

ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,312.17
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15
STATE TAXABLE WAGES: \$ 1,312.17

Mentiols with with OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ 100.00

.00 OTHER DEDUCTIONS: \$ NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY. IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

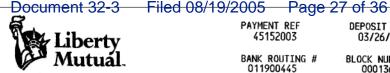
ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

CLAIM OFFICE ALDORES : 04-CV-11573-RWZ

DISABILITY PRODUCTS P.O. BOX 1525

DOVER, NH 03821 1-800-210-0268 EXT. 38535

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555



PAYMENT REF 45152003

DEPOSIT DATE 03/26/02

BANK ROUTING # 011900445

BLOCK NUMBER 000136

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0003968

EOB DATE: 03/21/02

EXPLANATION OF BENEFIT (EOB) STATEMENT

PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM THRU 03/01/02 03/31/02

GROSS

BENEFIT (OFFSETS) BENEFIT W \$ 9,995.20 \$ 1,316.00 \$ 9,792.32 \$ (OFFSETS)

ADJ. GROSS (FICA (F.I.T. BENEFIT WITHHOLD.) WITHHOLD.) S 9,792.32 \$ .00 \$ 100.00 100.00 \$

(S.I.T. WITHHOLD.) .00

(OTHER DEDUCTIONS) \$

NET PAYMENT .00 \$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

DESCRIPTION

PERIOD PERIOD FROM THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM

THRU **AMOUNT** 

SS - DISABILITY 03/01/02 03/31/02 \$ 1,316.00

TOTAL OFFSET(S)

1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$

.00 .00 100.00 .00

THIS PAYMENT

EMPLOYEE STATE:

MA

OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$

STATE TAXABLE WAGES: \$

.00 1,312.17

OTHER DEDUCTIONS: \$

.00

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.

IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

CLAIM OFFICE ADDRESS: 04-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 28 of 36

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535



PAYMENT REF 45156392

DEPOSIT DATE 04/27/02

BANK ROUTING # 011900445

BLOCK NUMBER 000170

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY Prince Gross Swifting 1 EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID SECOND SECOND N0003968

EOB DATE: 04/22/02

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

**EMPLOYEE STATE:** 

MA

PAYMENT PAYMENT FROM THRU 04/01/02 04/30/02 GROSS

(OFFSETS) ADJ. GROSS (FICA BENEFIT (OFFSETS) BENEFIT W \$ 9,995.20 \$ 1,316.00 \$ 9,792.32 \$

WITHHOLD.) WITHHOLD.) \$ .00 \$ 100.00

(S.I.T. WITHHOLD.) 100.00 \$ .00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

PERIOD PERIOD FROM THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM THRU

AMOUNT

SS - DISABILITY 04/01/02 04/30/02 \$ 1,316.00

TOTAL OFFSET(S)

DESCRIPTION

\$ 1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

MENT WINDS MINE TO SEE STATE

THIS PAYMENT

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ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,312.17
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15
STATE TAXABLE WAGES: \$ 1,312.17

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ .00 100.00 OTHER DEDUCTIONS: \$

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY. IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

**DISABILITY PRODUCTS** P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9R BOSTON

CLAIM OFFIC CADDINESS:04-CV-11573-RWZ DISABILITY PRODUCTS

P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

**CLAIM NUMBER** 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY
PLOYEE SSN.
024-28-8555 EMPLOYEE SSN.



PAYMENT REF 45161273

DEPOSIT DATE 05/26/02

BANK ROUTING # 011900445

**BLOCK NUMBER** 000132

POLICY NUMBER GF3-810-244052-01 JSTOMER NAME CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0003968

EOB DATE: 05/21/02

EXPLANATION OF BENEFIT (EOB) STATEMENT

PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM THRII 05/01/02 05/31/02

GROSS ADJ. GROSS (FICA (F.I.T. (S.I.T. BENEFIT (OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.) WITHHOLD.) \$ 9,995.20 \$ 1,316.00 \$ 9,792.32 \$ .00 \$ 100.00 \$ .00 .00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

DESCRIPTION

PERIOD PERIOD FROM THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM THRU

A STATES WHITEMEN

AMOUNT

SS - DISABILITY 05/01/02 05/31/02 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316.00

SYATEM! MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
CTATE WITHHOLDING: \$

EMPLOYEE STATE:

MA

ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40 OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,312.17
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15
STATE TAXABLE WAGES: \$ 1,312.17

STATE WITHHOLDING: \$ OTHER DEDUCTIONS: \$

NET PAID: \$ 9,692.32

THIS PAYMENT

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.00 100.00

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PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY. IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

Case 1:04-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 30 of 36

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

PAYMENT REF 45166097

DEPOSIT DATE 06/25/02

BANK ROUTING # 011900445

BLOCK NUMBER 000126

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0003968

EOB DATE: 06/20/02

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT

GROSS

(OFFSETS) BENEFIT WITHHOLD.) WITHHOLD.)

(S.I.T. WITHHOLD.)

(OTHER DEDUCTIONS)

NET PAYMENT

FROM THRU BENEFIT (OFFSETS) BENEFIT WI 06/01/02 06/30/02 \$ 9,995.20 \$ 1,316.00 \$ 9,792.32 \$

DESCRIPTION

.00 \$ 100.00 \$

.00

.00 \$ 9,692.32

EMPLOYEE STATE:

MA

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

PERIOD FROM THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD THRU

AMOUNT

SS - DISABILITY 06/01/02 06/30/02 \$ 1,316.00

TOTAL OFFSET(S)

\$ 1,316,00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION

THIS PAYMENT

FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,312.17
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15
STATE TAXABLE WAGES: \$ 1,312.17

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$

.00 100.00 .00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

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DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

**EXPLANATION OF BENEFITS FOR:** 

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

DISABILITY PRODUCTS

P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555 2 FFF 65022 REVELTE 2 40 1990 DA

PAYMENT PAYMENT

07/01/02 07/31/02



PAYMENT REF 45171609

DEPOSIT DATE 07/28/02

BANK ROUTING # 011900445

BLOCK NUMBER 000047

POLICY NUMBER GF3-810-244052-01

CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0000733

EOB DATE: 07/23/02

> GROSS BENEFIT

(OFFSETS) ADJ. GROSS 9,995.20 \$ 1,316.00 \$ 10,086.09 \$

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD (FICA

(FİCA (F.I.T. WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) (S.I.T. WITHHOLD.) PAYEE: EMPLOYEE (OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,986.09

NET DEPOSIT: \$ 9,986.09

OFFSET(S)-DETAIL

DESCRIPTION

PERIOD PERIOD FROM

THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD FROM PERIOD THRU

AMOUNT

SS - DISABILITY 07/01/02 07/31/02 \$ 1,316.00

TOTAL OFFSET(S)

1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

THIS PAYMENT MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$

.00 EMPLOYEE STATE:

MA

BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,351.54
FEDERAL (EXCLUDABLE) WAGES: \$ 8,734.55
STATE TAXABLE WAGES: \$ 1,351.54

STATE WITHHOLDING: \$ OTHER DEDUCTIONS: \$

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.

IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

NET PAID: \$ 9,986.09

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DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

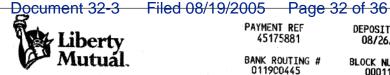
EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

DISABILITY PRODUCTS P.O. BOX 1525

DOVER, NH 03821 1-800-210-0268 EXT. 38535

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555121ED ChUZZ REMEASI: 2 10 089 08



PAYMENT REF 45175881

DEPOSIT DATE 08/26/02

BANK ROUTING # 011900445

BLOCK NUMBER 000115

POLICY NUMBER GF3-810-244052-01

USTOMER NAME
MOUNT AUBURN HOSPITAL CUSTOMER NAME

ANALYST ID N0000733

EXPLANATION OF BENEFIT (EOB) STATEMENT EOB DATE: 08/21/02

PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM THRU 08/01/02 08/31/02

GROSS ADJ. GROSS BENEFIT (OFFSETS) BENEFIT W \$ 9,995.20 \$ 1,316.00 \$ 10,086.09 \$

(FICA (F.I.T. WITHHOLD.) WITHHOLD.) .00 \$ 100.00 \$

(S.I.T. WITHHOLD.) .00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,986.09

NET DEPOSIT: \$ 9,986.09

OFFSET(S)-DETAIL

DESCRIPTION

PERIOD PERIOD FROM THRU

TAUCMA

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD THRU

AMOUNT

SS - DISABILITY 08/01/02 08/31/02 \$ 1,316.00

TOTAL OFFSET(S)

\$ 1,316.00

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

> TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$

.00 100.00

EMPLOYEE STATE:

MA

ADJUSTED GROSS BENEFIT: \$ 10,086.09 BENEFIT TAX %: 13.40 BIS TO HE OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,351.54
FEDERAL (EXCLUDABLE) WAGES: \$ 8,734.55
STATE TAXABLE WAGES: \$ 1,351.54

THIS PAYMENT

STATE WITHHOLDING: \$ .00 OTHER DEDUCTIONS: \$ .00 NET PAID: \$ 9,986.09

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.

IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT 9R BOSTON

Case 1:04-cv-11573-RWZ Document 32-3 Filed 08/19/2005 Page 33 of 36
DISABILITY PRODUCTS 
PAYMENT REF DEPORT P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535



45180605

DEPOSIT DATE 09/25/02

BANK ROUTING # 011900445

**BLOCK NUMBER** 000123

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555 6120 06022 82721111 4 36 687 06

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST TD N0000733

EOB DATE: 09/20/02

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT

GROSS

FROM THRU BENEFIT (OFFSETS) BENEFIT W: 09/01/02 09/30/02 \$ 9,995.20 \$ 1,316.00 \$ 10,086.09 \$

(OFFSETS) ADJ. GROSS (FICA (F.I.T. WITHHOLD.) WITHHOLD.) .00 \$ 100.00 \$

(S.I.T. WITHHOLD.) .00

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,986.09

NET DEPOSIT: \$ 9,986.09

OFFSET(S)-DETAIL

PERIOD PERIOD FROM THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM

LYIET SERVICE

EMPLOYEE STATE:

MA

AMOUNT

SS - DISABILITY 09/01/02 09/30/02 \$ 1,316.00

TOTAL OFFSET(S)

DESCRIPTION

\$ 1,316.00

MEMO:

684703

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 10,086.09 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,351.54
FEDERAL (EXCLUDABLE) WAGES: \$ 8,734.55
STATE TAXABLE WAGES: \$ 1,351.54

THIS PAYMENT

.00

.00 100.00

MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$

.00 .00 OTHER DEDUCTIONS: \$

NET PAID: \$ 9,986.09

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.

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DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B

BOSTON

DISABILITY PRODUCTS <del>1∺04-cv-11573-RWZ</del>

P.O. BOX 1525

SCAPICCHIO, ANTHONY

DOVER, NH 03821 1-800-210-0268 EXT. 38535

Document 32-3 Filed 08/19/2005 Page 34 of 36 Liberty

PAYMENT REF 45185504

DEPOSIT DATE 10/26/02

BANK ROUTING # 011900445

**BLOCK NUMBER** 000164

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0000733

EOB DATE: 10/21/02 EXPLANATION OF BENEFIT (EOB) STATEMENT

PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

NET DEPOSIT: \$ 9,986.09

EMPLOYEE STATE:

MA

PAYMENT PAYMENT THRU 10/01/02 10/31/02

DESCRIPTION

CLAIM NUMBER 0000114766

EMPLOYEE NAME

EMPLOYEE SSN

024-28-8555

GROSS ADJ. GROSS (FICA (F.I.T. (S.I.T. BENEFIT WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) \$ 9,995.20 \$ 1,316.00 \$ 10,086.09 \$ .00 \$ 100.00 \$ .00

.00 \$

(OTHER DEDUCTIONS)

NET PAYMENT .00 \$ 9,986.09

OFFSET(S)-DETAIL PERIOD

FROM

PERIOD THRU

**AMOUNT** 

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD FROM

AMOUNT

SS - DISABILITY 10/01/02 10/31/02 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316.00

arane urung la dinara a dilumb MEHO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

THIS PAYMENT

00

ADJUSTED GROSS BENEFIT: \$ 10,086.09
BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$
MEDICARE TAXABLE WAGES: \$
FEDERAL TAXABLE WAGES: \$
FEDERAL (EXCLUDABLE) WAGES: \$
STATE TAXABLE WAGES: \$

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$ STATE WITHHOLDING: \$ 100.00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,986.09

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.

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DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

CLAIM OFFICE ADDRESS DISABILITY PRODUCTS

Document 32-3 Filed 08/19/2005 Page 35 of 36

P.O. BOX 1525 DOVER, NH 03821 1-800-210-0268 EXT. 38535



PAYMENT REF 45191065

DEPOSIT DATE 11/25/02

BANK ROUTING # 011900445

BLOCK NUMBER 000114

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN .024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0000733

EOB DATE:

DESCRIPTION

11/20/02

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT PAYMENT FROM THRU 11/01/02 11/30/02 GROSS

ADJ. GROSS BENEFIT (OFFSETS) BENEFIT WIT \$ 9,995.20 \$ 1,316.00 \$ 10,086.09 \$

WITHHOLD.) WITHHOLD.)
\$ .00 \$ 100.0

(S.I.T. HOLD.) WITHHOLD.)

(OTHER DEDUCTIONS) PAYMENT

.00 \$ 9,986.09

NET DEPOSIT:

\$ 9,986.09

OFFSET(S)-DETAIL

PERIOD

PERIOD THRU

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL
PERIOD PE FROM

.00

PERIOD THRU

EMPLOYEE STATE:

MA

AMOUNT

SS - DISABILITY 11/01/02 11/30/02 \$ 1,316.00 TOTAL OFFSET(S)

\$ 1,316.00

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 10,086.09 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,351.54
FEDERAL (EXCLUDABLE) WAGES: \$ 8,734.55
STATE TAXABLE WAGES: \$ 1,351.54

THIS PAYMENT

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ .00 .00 100.00

.00 OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9.986.09

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DISABILITY PRODUCTS P.O. BOX 1525 DOVER, NH 03821



EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON

CLAIM OFFI CE ADDRESS 04-CV-11573-RWZ Document 32-3 Filed 08/19/2005 Page 36 of 36 GROUP MARKET DISABILITY CLAIMS

P.O. BOX 1525

DOVER, NH 03821 1-800-210-0268 EXT. 38535 Liberty

PAYMENT REF 45196419

DEPOSIT DATE 12/28/02

BANK ROUTING # 011900445

BLOCK NUMBER 000173

CLAIM NUMBER 0000114766 EMPLOYEE NAME SCAPICCHIO, ANTHONY EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0000733

EOB DATE:

12/23/02

EXPLANATION OF BENEFIT (EOB) STATEMENT PAYMENT TYPE: LTD

PAYMENT PAYMENT FROM THRU 12/01/02 12/18/02

GROSS \$ 9,995.20 \$ 780

ADJ. GROSS BENEFIT 789.60 \$ 10,049.73 \$

(FICA (F.I.T. (S.I.T. WITHHOLD.) WITHHOLD.) WITHHOLD.) WITHHOLD.) \$

.00

(OTHER DEDUCTIONS)

EMPLOYEE STATE:

PAYEE: EMPLOYEE

PAYMENT .00 \$ 9,989.73

NET DEPOSIT:

\$ 9,989.73

OFFSET(S)-DETAIL PERIOD DESCRIPTION

FROM

PERIOD

12/01/02 12/18/02 \$

AMOUNT

DESCRIPTION

OTHER DEDUCTION(S)-DETAIL PERIOD PERIOD THRU

AMOUNT

SS - DISABILITY TOTAL OFFSET(S)

789.60

789.60

MEMO:

LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 10,049.73 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00
MEDICARE TAXABLE WAGES: \$ .00
FEDERAL TAXABLE WAGES: \$ 1,346.66
FEDERAL (EXCLUDABLE) WAGES: \$ 8,703.07
STATE TAXABLE WAGES: \$ 1,346.66

OASDI WITHHOLDING: \$
MEDICARE WITHHOLDING: \$
FEDERAL WITHHOLDING: \$
STATE WITHHOLDING: \$ .00 .00 60.00

> OTHER DEDUCTIONS: \$ .00

> > NET PAID: \$ 9,989.73

THIS PAYMENT

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GROUP MARKET DISABILITY CLAIMS P.O. BOX 1525 DOVER, NH 03821



EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO 770 BOYLSTON STREET APT. 9B BOSTON